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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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COVER LETTER

Division of Cor			
SUBJECT: SF Sen	vices LLC. (Name of Limited	l Liability Company)	
	(,, ,	·
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Stephen Fi	liciano		
		Name of Person)	· · · · · ·
	(Firm/Company)	
318 North	Dillingham Ave		
		(Address)	
Kissimme	e, FL. 34741	•	
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
Stephen Filiciano)	at (407) 283-037	9
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:	·	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
SF Services LLC. Must end with the words "Limited Liability Company, "Link ARTICLE II - Address: The mailing address and street address of the	mited Company" or their abbreviation "LLC," or "L.C.		is:
Principal Office Address:	Mailing Address:		
318 North Dillingham Ave	318 North Dillingham Ave		
Kissimmee, FL. 34741	Kissimmee, FL. 34741		
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		nother	
The name and the Florida street address of the	ne registered agent are:	07 JUN -5 SECRETAR	
Orlando Sun Resort & Spa	ILC. Z		
Nai	me .]G. 🖴	TED
6375 W. Irlo Bronson Hwy.		30 豊	
· Florida street	address (P.O. Box NOT acceptable)	HII: 05	
Kissimmee, FL. 34747	FL	> ' ' '	٠
City, Stat	te, and Zip		
·			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Title:		Name and Address:			
	"MGR" = Manager "MGRM" = Managi	ng Member			•	
	MGR		Stephen Filiciano			
			318 North Dillingham Ave			
			Kissimmee, FL. 34741			
		•				
		•				
		•	<u> </u>			
			····			
	(Use attachment if n	ecessary)				
ART	TICLE V: Effective date	, if other than the date	of filing: 05/29/2007 . (OPTION		
	n effective date is listed. · 90 days after the date :		ecific and cannot be more than five bu	siness d	ays p	rior
U UI	90 days after the date	or ming.)				
	REQUIRED SIGN	ATURE:	,			
	<u>ILLOUINED</u> STON			SEC	07、	
		Potree	an	AF.	NUL	77
	Sig	nature of a member or	an authorized representative of a member.	HASSEE, I	7	FILE
	(Ir	accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	μ. îς.	ħН	
	1	that the facts stated herein	are true.)	LOR	AH II: 05	
	<u>s</u>	tephen Filiciano		DA E)5	
		Typed o	or printed name of signee	-		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)